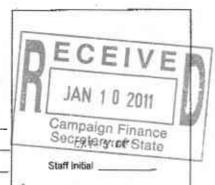
2009 ELECTION CYCLE SS 09-10

# POLITICAL COMMITTEE'S REPORT OF RECEIPTS AND DISBURSEMENTS

Name of Committee COMMITTEE TO RE-ELECT SAM MIMS					
Address of Committee P O I	BOX 222 MCCC	MB, MS 39649			
Fax 601-684-6382 E-mail mike@faustcpaWebBite					
Name of Director AMY MIMS Telephone 601-684-7652					
Name of Treasurer MICHAEL	FAUST T	elephone 601-684-6382			



#### TYPE OF REPORT

April 29, 2009 Pre-Election Report (January 1, 2009, through April 25, 2009)	All Primary Committees
May 12, 2009 Pre-Runoff Report (April 26, 2009, through May 9, 2009)	,Runoff Committees Only
May 26, 2009 Pre-Election Report (April 26, 2009, through May 23, 2009)	.All General Committees
June 09, 2009 Pre-Runoff Report (May 24, 2009, through June 6, 2009)	Runoff Committees Only
January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009)	All Candidates and Political Committees
Termination Report (Political Committee will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.)	Required to terminate reporting obligations

#### **IMPORTANT**

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the political committee shall authority a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a political committee files a termination report, annual and periodic reports must continue to be filed in accordance with Miss. Code Ann. §23-15-807 (byll) and (iii)(1972).
- (1) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- Contributions to political committees in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 hours Report" to report such activity.
- (5) This form should not be used by judicial candidates or their golitical committees. Candidates for judicial office must use Form SS 00-01 (Authorized Judicial Political Committee's Report of Receipts and Disbursements).

#### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

		This Perlod	 Calendar year-to-date
Total amount of contributions (itemized + non-itemized)	\$	52275.00	\$ 52275,00
Total amount of disbursements (itemized + non-itemized)	\$	7413.77	\$ 7413.77
Total amount of cash on hand	<b>*</b> \$	75032.63	

Signature of Treasurer or Director

Locatify that place examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Date

Authority. Refer to Miss. Code Ann. §23-15-801 (1972) at seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-511 and \$13 (1972).

SEND TO: 1. Political Committees associated with statewide or multi-county elections return form to
Delbert Hosemann, Secretary of State, Elections Division, PO Box 136, Jackson, MS 39205 or fax to 601-359-1499.
2. Political Committees associated with single county elections should return this form to their county Circuit Clerk.

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Reporting period January 1 2010 through December 31 2010

Gource: ☐ Corporation ☐ PAC ※Individual ☐ Loan Date ☐ Other (please specify) (Mo., Day, Year)		Amount of each receipt this period
Full name Dr Ash Riad	09/15/10	\$ 500.00
Mailing Address 3310 Delaware Ave		\$
City, Statu, Zip Code McComb , MS 39648	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Regulred)	Aggregate year-to-date	\$ 500.00
8. Source: Corporation & PAC   Individual   Loan     Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT & T PAC	09, 02, 10	\$ 250.00
Mailing Address 175 E Houston St	_'_'_	\$
City, State, Zip Code San Antonio, TX 78205		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
C. Source: © Corporation St PAC Individual D Loan  D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bayer Corporation PAC	08/ 20 / 10	\$ 300.00
Mailing Address	11	\$
City, State, Zip Code Pittsburg, PA 15205	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00
D. Source: Corporation PAC & Individual D Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert Latham	11,05,10	\$ 250.00
Mailing Address 100 South Pearl St		\$
City, State, Zip Code Natchez, MS 39121		\$
Name of Employer (Required) Self		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 250.00

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Reporting period January 1 2010 through December 31 2010

A Source: E Corporation   PAC   Individual   Loan     Other (please specify)	Amount of each receipt this period			
Full name Buddy Medlin & Associates	04,09,10	\$ 300.00		
Mailing Address 1009 N West St	ii	\$		
City, State, Zip Code Jackson, MS		\$		
Name of Employer (Required)		\$		
Occupation (Required)	Aggregate year-to-date	\$ 300.00		
B. Source:   Corporation  PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name C T Stamps Inc	04/12/10	\$ 500.00		
Mailing Address 200 Marion Ave		\$		
City, State, Zip Code McComb, MS 39648		\$		
Name of Employer (Required)		\$		
Occupation (Required)	Aggregate year-to-date	\$ 500.00		
C. Source:   Corporation   PAC   Individual   Loan    Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name Camellia Home Health & Hospice	03/29/10	\$ 300.00		
Mailing Address		\$		
City, State, Zip Code Hattiesburg, MS	_'_'_	\$		
Name of Employer (Required)		\$		
Occupation (Required)	Aggregate year-to-date	\$ 300.00		
D. Source:   Corporation   S PAC   Individual   Loan     Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Capitol Advocacy Group	04 /21 / 10	\$ 500.00		
Mailing Address P O Box 217		\$		
Sity, State, Zip Code Jackson, MS 39205		5		
same of Employer (Required)	_1_1	\$		
Occupation (Required)		500.00		

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period January 1 2010 through December 31 2010

A Source: D'Corporation DPAC 20 Individual Dean  Dother (please specify)	Amount of each receipt this period			
Follname Carl R Dunaway	02/05/10	\$ 1000.00		
Mailing Address		\$		
City, State, Zlp Gode		\$		
McComb, MS 39648				
Name of Employer (Required) Dunaway Food Services, Inc		\$		
Occupation (Required) Manager	Aggregate year-to-date	\$ 1000.00		
B. Source: Corporation C PAC XI Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name Carl W and Charlene Dunaway	02,05,10	\$ 1000.00		
Mailing Address		\$		
City, State, Zip Code McComb, MS 39648		s		
Name of Employer (Required) Dunaway Food Services INC		\$		
Occupation (Required) Manager	Aggregate year-to-date	\$		
C. Source: 2 Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name Chiropractic Center of McComb	03/29/10	\$ 300.00		
Mailing Address 150 Marion Ave		\$		
City, State, Zip Code McComb, MS 39648		\$		
Name of Employer (Required)		\$		
Occupation (Required)	Aggregate year-to-date	\$ 300.00		
D. Source: McCorporation	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name Clark Construction Inc	02/05/10	<b>\$</b> 250.00		
Mailing Address 1615 Apache DR		\$		
City, State, Zip Code McComb, MS 39648		\$		
Name of Employer (Required)		\$		
Occupation (Required)	Aggregate year-to-date	\$ 250.00		

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period January 1 2010 through December 31 2010

A. Source: ② Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Critical Homecare Solutions Inc	03/08/10	\$ 300.00		
Mailing Address Two Tower Bridge		\$		
City, State, Zip Code Conshohocken, PA 19428		\$		
Name of Employer (Required)		\$		
Occupation (Required)	Aggregate year-to-date	\$ 300.00		
B. Source:   Corporation  PAC Individual  Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name Crye Leike Stedman Realtors	06,25,10	\$ 250.00		
Mailing Address 114 N Main Street		\$		
City, State, Zip Code Natchez, MS 39120		\$		
Name of Employer (Required)		\$		
Occupation (Required)	Aggregate year-to-date	\$ 250.00		
C. Source: □ Corporation □ PAC ⊠ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name Dale Barker	04/09/10	\$ 300.00		
Malling Address 506 Lakeshore Dr		\$		
City, State, Zip Code McComb, MS 39648		\$		
Name of Employer (Required)		\$		
Occupation (Required) Retired	Aggregate year-to-date	\$ 300.00		
D. Source:     Corporation   PAC   B Individual   Loan     Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Ul name David and Linda Miller	07/01/10	\$ 400.00		
failing Address		\$		
Sity, State, Zip Code Jackson, MS		\$		
lame of Employer (Required) Self		\$		
ecupation (Required) Mining		\$ 400.00		

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period January 1 2010 through December 31 2010

A Source: Corporation CPAC Sindividual Cloan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name David Paradise	03 /29 / 10	\$ 2,000.0		
Mailing Address P O Box 18939		\$		
City, State, Zip Code Natchez, MS 39122		\$		
Name of Employer (Required) Paradise Foods Inc		\$		
Occupation (Required) Management	Aggregate year-to-date	\$ 2,000.00		
B. Source:  Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name Denbury Resources Inc.	11/22/10	\$ 500.00		
Mailing Address 1030 Hwy 471 Ste 103	'	\$		
City, State, Zip Code Brandon, MS		s		
Name of Employer (Required)		\$		
Occupation (Required)	Aggregate year-to-date	500.00		
C. Source: 2 Corporation () PAC () Individual () Loan	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name Dixie Packing Inc	02/16/10	\$ 300.00		
Mailing Address 1137 Dixic Springs Rd	_''	\$		
City, State, Zip Code Summit, MS 39666		\$		
Name of Employer (Required)		S		
Occupation (Required)	Aggragate year-to-date	\$ 300.00		
D. Source:   Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Dr Ali Homaynui	04/21/10	\$ 500.00		
Mailing Address 303 Marion Ave		\$		
City, State, Zip Code McComb, MS 39648	111	\$		
Name of Employer (Required) SWMRMC		\$		
Occupation (Required) DOCTOR	Aggregate year-to-date	\$ 500.00		

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Name of Candidate or Committee	COMMITTEE	TO R	E-ELECT	MAR	MIMS				
Reporting period January 1	2010 throug	gh	December	r 31	2010				

A. Source:   Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name Dr Ann Rea	04, 12, 10	\$ 500.00		
Mailing Address	1 1	\$		
City, State, Zip Code McComb MS 39648		\$		
Name of Employer (Required) SWMRMC		\$ .		
Occupation (Required)	Aggregate year-to-date	\$ 500.00		
B. Source: □ Corporation □ PAC ♀ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name Dr Brett Ferman	04/19/10	\$ 500.00		
Mailing Address	_/_/_	\$		
City, State, Zip Code McComb Ms 39648		\$		
Name of Employer (Required) SWMRMC		\$		
Occupation (Required) MD	Aggregate year-to-date	\$ 500.00		
C. Source:   Corporation   PAC   Individual   Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name Dr. Bud. Duncan	04/19/10	\$ 500.00		
Mailing Address		\$		
City, State, Zip Code	, ,	\$		
Mccomb, MS 39648 Name of Employer (Required) SWMRMC		\$		
Occupation (Required) MD	Aggregate	\$ 500.00		
D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
falling Address	14/11/11	\$ 5-5.00		
Mailing Address		\$		
City, State, Zip Code		\$		
lame of Emoloyer (Required)		\$		
Occupation (Required)		\$		

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period January 1 2010 through December 31 2010

A Source: □ Corporation □ PAC ☑ Individual □ Loan □ Other (please specify)	(Mo., Day, Year)	Amount of each receipt this period
Full name Dr Danny Hadad	04/09/10	\$ 300.00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required) SWMRMC		\$
Occupation (Required) MD	Aggregate year-to-date	\$ 300.0
B. Source: © Corporation © PAC 🙊 individual © Loan  © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr David Ladden	04,19,10	\$ 500.00
Malling Address		\$
City, State, Zip Code McComb, MS 39648		ş
Name of Employer (Required) SWMRMC		\$
Occupation (Required) MD	Aggregate year-to-date	\$ 500.00
C. Source:   Corporation   PAC   Individual   Loan     Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Don Netherland	04/22/10	\$ 300.00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required) SWMRMC	1_1_1_	\$
Occupation (Required) MD	Aggregate year-to-date	\$ 300,00
0. Source: □ Corporation □ PAC ② Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Eric Lewis	04/29/10	\$ 500.00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required) SWMRMC	_1_1_	\$
Occupation (Required) MD	Aggregate year-to-date	\$ 500.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period January 1 2010 through December 31 2010

A. Source:  Corporation PAC & Individual Dean Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr John Dale Dumas	04/21/10	\$ 501.00
Meiling Address		\$
City, State, Zip Code McComb, MS 3964B		s
Name of Employer (Required) Self		\$
Occupation (Required) Dentist	Aggregate year-to-date	\$ 501.00
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Kent Kebert	04/21/10	\$ 300.00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required) Self		\$
Occupation (Required) MD	Aggregate year-to-date	\$ 300.00
C. Source:     Corporation   PAC   Individual   Loan     Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Lawrence Stewart	12,08,10	\$ 500,00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required) Self		\$
Occupation (Required) MD	Aggregate year-to-date	\$ 500.00
D. Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Dr Luke Lampton	04/21/10	\$ 500.00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648		5
Name of Employer (Required) Self	11	\$
Occupation (Required) MD	Aggregate year-to-date	\$ 500.00

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Reporting period January 1 2010 through December 31 2010

A. Source: Corporation DPAC Ecindividual DLoan  DOther (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Olukunle Ajagbe	03/01/10	\$ 300.00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required) SWMRMC		\$
Occupation (Required) MD	Aggregate year-to-date	\$ 300.00
B. Source: © Corporation © PAC 🟚 Individual D Loan  © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Rob Crosby	04/12/10	\$ 500.00
Meiling Address		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required) SWMRMC		\$
Occupation (Required) MD	Aggregate year-to-date	\$ 500.00
C. Source: □ Corporation □ PAC 🗶 Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Dr Simon Cofrancesco	04/22/10	\$ 500.00
Mailing Address		\$
City, State, Zip Code MCComb, MS 39648 Name of Employer (Required)	_'_'_	\$
SWMRMC		\$
Occupation (Required) MD	Aggregate year-to-date	\$ 500.00
		Amount of each
	Date (Mo., Day, Year)	receipt this period
D. Source: □ Corporation □ PAC ∯ Individual □ Loan □ Other (please specify)		receipt this period \$ 500.00
D. Source:  Corporation PAC & Individual Loan  Other (please specify)  Full name  Dr Ted Jordan	(Mo., Day, Year)	this period
D. Source:  Corporation PAC & Individual Loan  Other (please specify)  Full name  Dr Ted Jordan  Malling Address  City, State, Zin Code	(Mo., Day, Year)	\$ 500.00
D. Source:  Corporation PAC Standividual Loan  Other (please specify)	(Mo., Day, Year)	this period \$ 500.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period January 1 2010 through December 31 2010

A Source:     Corporation     PAC   2 Individual     Lean	Date (Mo., Day, Year)	Amount of each receipt this period
Dr W R Webb	04,21,10	\$ 500.00
Mailing Address		\$
City, State, Zlp Code McComb, MS 39648		\$
Name of Employer (Required) Self		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source:   Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr Will Austin	04/14/10	\$ 500.00
Mailing Address		\$
City, State, Zip Code McComb , MS 39648		\$
Name of Employer (Required) SW MS ENT Clinic PA		\$
Occupation (Required) MD	Aggregate year-to-date	\$ 500.00
C. Source: □ Corporation □ PAC 為 Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Gabriel and Mabe Zevallos	04/19/10	\$ 300.00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required) SWMRMC		s
Occupation (Required) MD	Aggregate year-to-date	\$ 300,00
D, Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ed Griffin	04,14 ДО	\$ 300.00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required) Self		\$
Occupation (Required) Pharmacist	Aggregate year-to-date	\$ 300.00

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Reporting period January 1 2010 through December 31 2010

A. Source: □ Corporation □ PAC ☑ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Etta Vera Seago	07/02/10	\$ 500.00
Mailing Address		\$
City, State, Zip Code		\$
McComb, MS 39648		
Name of Employer (Required)		\$
Occupation (Required) Retired	Aggregate year-to-date	\$ 500.00
B. Source:	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Frontier Strategies LLC	03/12/10	\$ 300.00
Mailing Address	20 20 TE - 116 C	\$
529 S Pear Orchard	-'-'-	
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required)	1 1	\$
45	1	100
Occupation (Required)	Aggregate vear-to-date	\$ 300.00
Occupation (Required)  C. Source:   Corporation   PAC   Individual   Loan  Other (please specify)	Aggregate year-to-date Date (Mo., Day, Year)	5 300.00  Amount of each receipt this period
C. Source: □ Corporation □ PAC 🙊 Individual □ Loan	year-to-date Date	Amount of each receipt
C. Source: Corporation D PAC St Individual D Loan  Other (please specify)	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
C. Source: Corporation DPAC & Individual DLoan  Other (please specify)  Full name Dr George Leggett  Mailing Address  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00
C. Source: Corporation DPAC & Individual Dean Description  Full name Dr George Leggett  Mailing Address	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
C. Source: Corporation PAC R Individual Loan  Other (please specify)  Full name Dr George Leggett  Mailing Address  City, State, Zip Code McComb, MS 39648	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00
C. Source: Corporation PAC & Individual Loan  Other (please specify)  Full name Dr George Leggett  Mailing Address  City, State, Zip Code McComb, MS 39648  Name of Employer (Required) Self	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source: Corporation DPAC Relatividual Dentist  C. Source: Corporation DPAC Relatividual Dentist  C. Source: Corporation DPAC Dentividual Dentist  C. Source: Corporation DPAC Dentividual Dentist	year-to-date  Date (Mo., Day, Year)  04 / 09 / 10 ////// Aggregate year-to-date  Date	Amount of each receipt this period  \$ 500.00 \$ \$ 500.00 Amount of each receipt
C. Source: Corporation DPAC Relatividual Dean  Other (please specify)  Full name Dr George Leggett  Mailing Address  City. State, Zip Code McComb, MS 39648  Name of Employer (Required) Self  Decupation (Required) Dentist  D. Source: Corporation DPAC Dindividual Dean  Other (please specify)	year-to-date  Date (Mo., Day, Year)  04 / 09 / 10 ////// Aggregate year-to-date	Amount of each receipt this period  \$ 500.00 \$ \$ 500.00 Amount of each receipt this period
C. Source: Corporation PAC Relatividual Loan  Other (please specify)  Full name Dr George Leggett  Mailing Address  City. State, Zip Code McComb, MS 39648  Name of Employer (Required) Self  Occupation (Required) Dentist  D. Source: Corporation PAC Individual D Loan	year-to-date  Date (Mo., Day, Year)  04 / 09 / 10 ////// Aggregate year-to-date  Date	Amount of each receipt this period  \$ 500.00 \$ \$ 500.00 Amount of each receipt this period \$
C. Source: Corporation PAC Relatividual Loan  Other (please specify)  Full name Dr George Leggett  Mailing Address  City. State, Zip Code McComb, MS 39648  Name of Employer (Required) Self  Occupation (Required) Dentist  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address	year-to-date  Date (Mo., Day, Year)  04 / 09 / 10 ////// Aggregate year-to-date  Date	Amount of each receipt this period  \$ 500.00 \$ \$ 500.00 Amount of each receipt this period \$
C. Source: Corporation PAC Relatividual Loan  Other (please specify)  Full name Dr George Leggett  Mailing Address  City. State, Zip Code McComb, MS 39648  Name of Employer (Required) Self  Dentist D. Source: Corporation PAC Individual Loan Other (please specify)  Full name  Mailing Address  City. State, Zip Code McComb, MS 39648	year-to-date  Date (Mo., Day, Year)  04 / 09 / 10 ////// Aggregate year-to-date  Date	Amount of each receipt this period  \$ 500.00 \$ \$ 500.00 Amount of each receipt this period \$
C. Source: Corporation PAC Relatividual Loan  Other (please specify)  Full name Dr George Leggett  Mailing Address  City. State, Zip Code McComb, MS 39648  Name of Employer (Required) Self  Occupation (Required) Dentist  D. Source: Corporation PAC Individual Loan  Other (please specify)	year-to-date  Date (Mo., Day, Year)  04 / 09 / 10 ////// Aggregate year-to-date  Date	Amount of each receipt this period  \$ 500.00 \$ \$ 500.00 Amount of each receipt this period \$

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Reporting period January 1 2010 through December 31 2010

A. Source:     Corporation   PAC   Individual   Loan     Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Glenn Green	03/12/10	\$ 250.00
Mailing Address		\$
City, State, Zip Code  McComb, MS 39648 NAtcher, MS		\$
Name of Employer (Required) Pine County  Occupation (Required)  Liaw  City, State, Zip Code  MATCHEZ, MS  Alen Green Replace  Rep		\$
Occupation (Required) ReAl +815	Aggregate year-to-date	\$ 250.00
B. Source: A Corporation   PAC   Individual   Loan   Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Good Hope Inc	02 /23 / 10	\$ 500.00
Mailing Address 209 State St		s
City, State, Zip Code Natchez, MS 39121		5
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source:   Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Grand Trunk Western Railroad Inc	09/08/10	\$ 250.00
Mailing Address		\$
City, State, Zip Code Battle Creek MI		\$
Name of Employer (Required)		s
Occupation (Required)	Aggregate year-to-date	\$ 250.00
D. Source: D Corporation D PAC 💥 Individual D Loan  D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jerry Stogner	04/12/10	\$ 600.00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648	_/_/_	\$
Name of Employer (Required) Self		\$
Occupation (Required) Lending	Aggregate year-to-date	\$ 600,00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period January 1 2010 through December 31 2010

A. Source: © Corporation © PAC @ Individual © Loan  © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name John P Byrne	01/15/10	\$ 1000.00
Mailing Address		\$
City, State, Zip Code Natchez, MS		\$
Name of Employer (Required) The Byrne Agency		\$
Occupation (Required) Owner	Aggregate year-to-date	\$ 1000.00
B. Source:  Corporation PAC R Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Joseph Kelly	03/08/10	\$ 500.00
Mailing Address		\$
City, State, Zip Code Liberty, MS		\$
Name of Employer (Required)	_1_1_	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source:   Corporation   PAC 1/2 Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name keith Sanders	07/27/10	\$ 1000.00
Malling Address		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required) Bus Supply		\$
Occupation (Required) Owner	Aggregate year-to-date	\$ 1000.00
D. Source: RCorporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name KOCH Industries Inc	12/24 /10	\$ 250.00
Mailing Address P O Box 2256		\$
City, State, Zip Code Wichita KS 67201		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period January 1 2010 through December 31 2010

A. Source: Corporation PAC 23 Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	06/30 / 10	\$ 250,00
Lissa Covington Malling Address		\$
McComb, MS 39648		\$
Name of Employer (Required) None		\$
Occupation (Required)	Aggregate year-to-date	\$ 250,00
B. Source:  Corporation D PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAR_PAC	10,14,10	\$ 500.00
Mailing Address 775 North State St		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source: © Corporation © PAC © Individual © Loan  © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name McComb Diesel Inc	01/22/10	\$ 400.00
Mailing Address		\$
City, State, Zip Code Fernwood, MS	1_1	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 400.00
D. Source:   Corporation  PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name McComb OBGYN Assoc	12/10/10	<b>\$</b> 500.00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS Reporting period January 1 2010 through Décember 31 2010

A. Source: Si Corporation   PAC   Individual   Cluan     Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name McMinn & Turgeau DDS	04,14,10	\$ 500.00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: Corporation & PAC Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Bail Agents	12/15/10	\$ 250.00
Mailing Address		\$
City, State, Zip Code Jackson, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
C. Source: □ Corporation ♀ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Board of Realtors PAC	04/09/10	\$ 500.00
Mailing Address		\$
City, State, Zip Code Jackson, MS		\$
Name of Employer (Required)	'	\$
Occupation (Required)	Aggregate year-to-date	500.00
D. Source:   Corporation  PAC   Individual   Loan    Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
MS Dental PAC	04/21/10	\$ 500.00
	_'_'_	\$
City, State, Zip Code Jackson, MS		\$
Mailing Address  City, State, Zip Code  Jackson, MS  Name of Employer (Required)		

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Reporting period January 1 2010 through December 31 2010

A source: Georgeration SPAC Gladividual Glacen  Gother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Independent Pharmacies PAC	05 / 05/ 10	\$ 500.00
Mailing Address		\$
City, State, Zip Code		s
Jackson, MS Name of Employer (Required)		\$ -
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Manufactured Housing	04/22/10	\$ 300.00
Mailing Address		\$
City, State, Zip Code Jackson, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00
C. Source: S Corporation D PAC D Individual D Loan  D Other (please specify)	Dete (Mo., Day, Year)	Amount of each receipt this period
Full name Nucor Steel Inc	11,19,10	\$ 500.00
Mailing Address 3630 Fourth St		\$
City, State, Zip Code Flowood MS	_/_/_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source:	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Novartis Pharmaceuticals	07/21/10	\$ 250.00
Mailing Address		\$
City, State, Zip Code New York NY		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS Reporting period January 1 2010 through December 31 2010

A Source: E Corporation DPAC Dindividual DLoan Dother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Pediatric Dental Center	04/26 / 10	5 500.00
Mailing Address		s
Natchez, Ma Hattiesburg, MS		s
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: Corporation   PAC   Individual   Loan   Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Finnacle Health	04/21/10	\$ 500.00
Mailing Address		\$
City, State, Zip Code McComb, MS 339648		\$
Name of Employer (Regulred)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source: 12 Corporation   PAC   Individual   Loan     Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rainbow Motors	01, 29,10	\$ 250.00
Melling Address		5
City, State, Zip Code McComb, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
D. Source: □ Corporation □ PAC 图 Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Richard Thompson	01 27/ 10	\$ 1000.00
Mailing Address		\$
City, State, Zip Gode Nat chez, MS		\$
Name of Employer (Required) Self		\$
Occupation (Required)		\$ 1000.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period January 1 2010 \_\_through \_\_December 31 2010

A Source:  ☐ Corporation ☐ PAC ( Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Dr Robert Van Uden	04/14/10	\$ 500.00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648		s
Name of Employer (Required) SWMRMC		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC & individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ronald Craddock	06/11/10	\$ 1000.00
Mailing Address		5
Gity, State, Zip Code McComb, Ms 39648	11	\$
Name of Employer (Required) Craddock Oil Co		s
Occupation (Required) Owner	Aggregate year-to-date	\$ 1000.00
C. Source: 'Š Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full name Rose Cancer Center PC	03/29/10	\$ 500.00
Mailing Address		\$
City, State, Zip Gode Summit, MS 39666		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source: 12 Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sanderson Farms Inc	11/29 / 10	\$ 500.00
Mailing Address		\$
City, State, Zip Code Laurel, MS		\$
Name of Employer (Required)	1 1	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period January 1 2010 through December 31 2010

A Source: © Corporation © PAC - Individual © Loan  © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sidney Roberts	04,21,10	\$ 300.00
Mailing Address		\$
City, State, Zip Code Liberty, MS		\$
Name of Employer (Required) Self		\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00
B. Source:  ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	01 / 22/ 10	\$ 500.00
Southern Building Supplies Inc Mailing Address	11	\$
City, State, Zlp Code McComb, MS 39648		s
Name of Employer (Required)		\$
Occupation (Reguland)	Aggregate year-to-date	\$ 500.00
C. Source:   C. So	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Statcare PLLC	04,12,10	\$ 500.00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
O. Source: ☐ Corporation ☐ PAC ※ Individual ☐ Loan     ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Stephanie Hutchins	06/14/10	\$ 250.00
Mailing Address		\$
City, State, Zip Code Natchez, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period January 1 2010 through December 31 2010

A. Source: XI Corporation   5 PAC     Individual     Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Summit Family denistry PLLC	04/19/10	\$ 500.00
Malling Address		\$
City, State, Zip Code Summit, MS 39666		s
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: Zi Corporation   PAC   Individual   Loan   Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Summit Rehab LLC	03/15/10	\$ 500.00
Mailing Address		\$
City, State, Zip Code Summit, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source:  Corporation   PAC   Individual   Loan   Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name SW Surgical Specialists Inc	03/08/10	\$ 500.00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required)		\$
		\$ 500.00
Occupation (Required)	Aggregate year-to-date	500.00
	Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt
D. Source: 首Corporation B PAC D Individual D Loan  D Other (please specify)	year-to-date Date	Amount of each
D. Source: A Corporation   PAC   Individual   Loan     Other (please specify)     Full name   Takeda Pharmaceuticals Inc	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
D. Source: A Corporation   PAC   Individual   Loan     Other (please specify)   Full name   Takeda Pharmaceuticals Inc Mailing Address   One Takeda Parkway   City. State, Zip Code	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
D. Source: A Corporation   PAC   Individual   Loan     Other (please specify)     Full name   Takeda Pharmaceuticals Inc     Mailing Address	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

through . December 31 2010 Reporting period January 1 2010

A Source: □ Corporation □ PAC ♀ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Thomas Armstrong	05/28/10	\$ 250.00
Mailing Address P O Box 2299		\$
City, State, Zip Code Natchez, MS		\$
Name of Employer (Required) Self		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 250.00
B. Source:  Corporation  PAC 2 Individual  Loan Other (please specify)	Date (Mo., Day, Ysar)	Amount of each receipt this period
Tom Assaf	04/14/10	\$ 300.00
Mailing Address	tt	\$
City, State, Zip Code McComb MS 39648		\$
Name of Employer (Required) Gillis Drug Store Inc		s
Occupation (Required) Pharmacist	Aggregate year-to-date	\$ 300.00
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Willis Turner	03,15,10	\$ 300.00
Mailing Address		\$
City, State, Zip Code  McComb , MS 39648		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	300.00
D. Source: Corporation PAC 20 Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Fufiname Virginia O'Beirne	01/27/10	\$ 500.00
Mailing Address		\$
Chy, State, Zip Code Natchez, MS		\$
Name of Employer (Required) None		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS through December 31 2010 Reporting period January 1 2010

A Source: © Corporation & PAC   Individual   Loan    © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10/19 40	\$ 250.00
WAL PAC		s
Mailing Address	_1_1_	
City, State, Zip Code		\$
Bentonville AR		S
Name of Employer (Required)	\_'_'_	
Occupation (Required)	Aggregate year-to-date	\$ 250.00
B. Source: Corporation © PAC 3© Individual © Loan  © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Wayne A Potter	01/15 /10	\$ 500.00
Malling Address	1965 (1901	\$
521 Main St	_'_'_	
City, State, Zip Code	1 1	\$
Natchez, MS 39120	1=:-:=	
Name of Employer (Required) Potter Garcia Management Group		5
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source: Corporation C PAC X3 Individual C Loan  Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Wayne A Vinson	07/28/10	\$ 300.00
Mailing Address		\$
City, State, Zip Code	1987 1981	S
Summit, MS 39666	''-	
Nome of Employer (Required) W V Inc		\$
Occupation (Required) Owner	Aggregate year-to-date	\$ 300.00
D. Source: * Corporation D PAC D individual D Loan  D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Womens Health Clinic	04/12/10	\$ 500.00
Mailing Address		\$
City, State, Zip Code McComb, MS 39648		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period January 1 2010 through December 31 2010

A Source: Zi Corporation   PAC   Individual   Loan     Other (please specify)	Date (Mo., Day, Year)	Amount of such receipt this period
Full name Woodhaul Inc	01/29/10	\$ 1000.00
Mailing Address		\$
City, State, Zip Code	1 1	\$
McComb. MS 39648 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
B. Source: © Corporation © PAC © Individual © Loan  © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		s
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate yearto-date	\$
C. Source: © Corporation © PAC © Individual © Loan  © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Gode		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: @ Corporation @ PAC @ Individual @ Loan  @ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$

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Name of Candidate or Committee	COMMITTEE	TO RE-EL	ECT SAM MI	ims
Reporting period JANUARY 1,	2010	through	DECEMBER	31, 2010

# ITEMIZED DISBURSEMENTS

A Full name Cork and Cask	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	04/20/10		
City, State, Zip Gode McComb, MS 39648	_/_/_	s	
Purpose of Disbursament (Optional) Fundraiser	Aggregate Year-to-date	280.24	
B. Full name K106	Date (Mo., Day, Year)	Amount of each Year) disbursement this period	
Mailing Address	Various	344.00	
City, State, Zip Code McComb, MS 39648		s	
Purpose of Disbursament (Optional) Advertising	Aggregate Year-to-date		
C.Full name McComb Printing	Date (Mo., Day, Year)	TO THE PARTY OF TH	
Mailing Address	<u>Various</u>	удн <sup>5</sup> 404.34	
City, State, Zip Code McComb, MS 39648	_!_!_	S	
Purpose of Diaburacment (Optional)	Aggregate Year-to-date	\$ 404.34	
D. Full name Natchez Democrat	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	Various	\$ 233.60	
City, State, Zip Code Natchez, MS		S	
Purpose of Disburnament (Optional)	Aggregate Year-to-date	233.60	
E Full name Palazzo for Congress	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	03 /29 / 10	\$ 500.00	
Gity, State, Zip Code Gulfport, MS		S	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	5 500.00	
F. Full name The Caboose	Date (Mo., Day, Year)	Amount of each disbursement this period	
Malling Address	04/14/ 10	\$ 2,475.00	
City, State, Zip Code McComb, MS 39648	11	s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	2475.00	

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Reporting period JANUARY 1, 2010

through

DECEMBER 31, 2010

### ITEMIZED DISBURSEMENTS

A. Full name USPS	(Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		\$ 522.35	
City, State, Zip Code McComb, MS 39648		5	
Purpose of Diaburaement (Optional) Postage	Aggregate Year-to-date	\$ 522.35	
B. Full name Walmart	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	<u>Various</u>	\$ 435.83	
City, State, Zip Code McComb, MS 39648		s	
Purpose of Disbursament (Optional)	Aggregate Year-to-date	\$ 435.83	
Ć. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Malling Address	_/_/_	S	
City, State, Zip Code		s	
Purpose of Dishursement (Optional)	Aggregate Year-to-date	s	
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	_/_/_	\$	
City, State, Zip Code		s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s	
. Full name	Date (Mo., Day, Year)	Amount of each	
falling Address	_ /_ /_	disbursement this period \$	
ity, State, Zip Code		s	
urpose of Disbursement (Optional)	Aggregate Year-to-date	s	
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
alling Address	//_	\$	
ty, State, Zip Code		\$	
urpose of Disbursement (Optional)	Aggregate Year-to-date	s	